## P12000095340

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: BARBARA & PATRICIA DESIGNS INC

Name of Corporation

DOCUMENT NUMBER: P12000095340

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## PATRICIA A TEGANO

Name of Contact Person

BARBARA & PATRICIA DESIGNS INC

Firm/Company

1925 TIMBERLINE DRIVE

Address

NAPLES, FL 34109

City/State and Zip Code

roser@smithsmithassoc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ROSEMARY A RACUT** 

,239 \263-082

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BARBARA & PATRICIA DESIGNS INC  2. The principal office address: 1925 TIMBERLINE DRIVE  NAPLES, FL 34109
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/15/12 Document number: P12000095340
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
BARBARA J REITINGER
يو 1925 TIMBERLINE DRIVE
NAPLES, FL 34109
NAPLES, FL 34109  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  PATRICIA A TEGANO  PATRICIA A TEGANO  PATRICIA A TEGANO
PATRICIA A TEGANO
1925 TIMBERLINE DRIVE
P.O. Box NOT acceptable  NAPLES, FL 34109
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
PATRICIA A TEGANO, DIRECTOR Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Fattle Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*